Madigan Army Medical Center
Referral Guidelines

Pediatric Asthma

Diagnosis/Definition

- Asthma is a chronic inflammatory disorder of the airways. This inflammation results in bronchial hyperactivity, inflammatory changes in the airway walls and surrounding tissues, diffuse bronchoconstriction, mucosal edema, and increased bronchial mucous secretion. Asthma is characterized by intermittent episodes of wheezing, shortness of breath, chest tightness, and cough. Some symptoms may be persistent and occur frequently throughout each day and week. Multiple factors may exacerbate symptoms including allergies, viral and bacterial infections, irritant exposures, exercise, gastro-esophageal reflux, and certain medications.

Initial Diagnosis and Management

- A reliable history of recurrent wheezing, shortness of breath, chest tightness, or nocturnal cough is suggestive of the diagnosis of asthma in children. (See NHLBI Expert Panel 3 Guidelines {2007} for a more detailed discussion of diagnosis and management.)
- Patients with mild persistent asthma which is not well controlled on low dose inhaled corticosteroids.
- Patients with more than one emergency room visit for asthma within the past year, or patients who have required hospitalization for asthma within the past year.
- Patients with excessive school or work absence due to asthma.
- Daily asthma therapy in infants, toddlers and preschool age children.
- When a diagnosis of asthma is made, the severity of the disorder should be determined according to the EPR3 Guidelines, and classified as intermittent, mild persistent, moderate persistent or severe persistent.
- Management of asthma of a particular severity should be according to the EPR 3 guidelines. Inhaled steroids are the recommended first line treatment for patients with persistent asthma of any severity.
- An allergy evaluation should be considered in patients with persistent asthma symptoms or difficult to control symptoms.
- All patients with asthma should receive asthma education, as well as a written asthma action plan.

Ongoing Management and Objectives

- Well-controlled asthma patients should have good exercise tolerance, infrequent episodes of wheezing, minimal to no chronic symptoms, and normal or near-normal pulmonary function tests.
- No missed school days or parent missed work days.
- Minimal medication use to achieve above goals.
- A minimum of adverse effects of medications.
- In children 5 years of age and greater, pulmonary function testing should be done at least annually.

Indications for Specialty Care Referral

- Patients with moderate to severe persistent asthma should be referred for pulmonary function testing and initial consultation with pediatric pulmonology or allergy. A separate consult to Pediatric PFT lab is not necessary if a visit with the pulmonologist or allergist is requested.
- Patients with mild persistent asthma which is not well controlled on low dose inhaled corticosteroids.
- Patients with more than one emergency room visit for asthma within the past year, or patients who have required hospitalization for asthma within the past year.
- Patients with excessive school or work absence due to asthma.
- Daily asthma therapy in infants, toddlers and preschool age children.
- Non-complaint patients who require significant time and education to help them deal with their asthma.
- After initial evaluation, uncertainty of diagnosis of asthma or degree of severity or control.

Criteria for Return to Primary Care

- Patient is well controlled on an established regimen of asthma medications.
- Patients will be welcome to revisit or contact the Pediatric Pulmonary Clinic at any time if there is concern regarding increasing asthma symptoms or decreasing control of asthma with current management.
- Contact number is 253-968-1980.

Last Review for this Guideline: **October 2009**
Referral Guidelines require review every three years.

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Clinical Practice and Referral Guidelines Administrator